



DUE DATES:

To County Superintendent: Tuesday 10/30/2012
To Office of Public Instruction, Accreditation Division:
Tuesday 11/7/2012

County: _____
District: _____ Le: _____
School: _____ Sc: _____

Purpose: The purpose of this data collection is to identify which schools operate alternative education programs to serve at-risk students and gather identifying information about these programs. For OPI reporting purposes, an alternative education program is a “restructured” academic program to serve at-risk students and operated within an accredited public school.

- | | Yes/No |
|--|--------------------------------|
| 1. Does your school operate an alternative education program to serve at-risk students? | <input type="text"/> |
| 2. Which choice below best describes where students are served? Circle one. | |
| A. On School Campus B. Off School Campus | |
| C. Combination On-site and Off-Site D. Not applicable | |
| 3. Do you modify graduation requirements (as provided in ARM 10.55.906(3) & (4)) for the students served in this program? | <input type="text"/> |
| 4. Do you modify attendance requirements for students served in this program? | <input type="text"/> |
| 5. When reporting personnel assignments for the Annual Data Collection, do you use personnel job codes AR01 (At-Risk) or OT (Other) to describe any of the personnel working in the alternative education program? | OT(Other) <input type="text"/> |
| 6. Do you utilize distance, online and technology-delivered programs and/or courses to deliver any part of the alternative education program? (10.55.907 ARM) | <input type="text"/> |
| 7. What types of support personnel do you employ in the alternative education program? Include only those personnel that are not required to hold a Montana educator's license. Check all that apply. | |
| ____ Medical professional | |
| ____ Licensed counselor | |
| ____ Social worker | |
| ____ Attendance or school resource officer | |
| ____ Other _____ | |
| 8. As of 10/2/2012 how many students are assigned to this program? | <input type="text"/> |
| 9. Which grade spans and age groups is this program designed to serve? | |
| Grade low <input type="text"/> | Age low <input type="text"/> |
| Grade high <input type="text"/> | Age high <input type="text"/> |
| 10. Name of Program _____ | |
| 11. Physical address of program (Street, City, State, Zip) | |
| _____ | |
| 12. Phone Number _____ | |